



INDEPENDENT NATIONAL REFUGEE COMMISSION
 STATEMENT OF LOSS OF POL. FROM POLYTO 240
 DATA POLYTO 240

NAME: _____ DATE: _____
 ADDRESS: _____
 PHONE: _____
 SIGNATURE: _____

TO: _____
 FROM: _____
 SUBJECT: _____

NO.	DATE	DESCRIPTION	AMOUNT
1			
2			
3			
4			
5			
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30			



TOTAL LOSS: _____
 SIGNATURE: _____

